314606

FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

SEC Mail Processing Section

FORM D

OMB APPROVAL OMB Number 3235-0076 Expires: August 31, 2008 Estimated average burden hours per response 16.00

AUG - 6 2008

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR**

SEC USE ONLY							
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Meshington, CC

UNIFORM LIMITED OFFERING EXEMPTION

<u> </u>)		-		
Ü `	c if this is an amendment and	d name has change	d, and indicate change	:.)	
Series B-2 Senior C	Convertible Preferred Stock				
Filing Under (Check box(es) that	at apply): 🔲 Rule 504	☐ Rule 505	☑ Rule 506	☐ Section 4(6)	ULOE
Type of Filing: ☑ New F	iling				
					
		BASIC IDENTIFIC	CATION DATA		
1.Enter the information requested ab	out the issuer				
Name of Issuer (☐ check	if this is an amendment and na	me has changed, and i	ndicate change.)		
Geokinetics Inc.		-			
Address of Executive Offices (Numl	per and Street, City, State, Zip C	ode)		Telephone Number	r (Including Area Code)
1500 CityWest Blvd., Suite 800, Ho	uston, Texas 77042	·		713.850.7600	
Address of Principal Business Opera	tions (Number and Street	, City, State, Zip Con	ROCESSED	Telephone Number	r (Including Area Code)
(if different from Executive Offices)		L	KOCE22FF) '	<u> </u>
Brief Description of Business:	-		AUG 1 2 2008		
			1100 T 7 2000	\mathcal{Y}	9 NO 1411 AND ET 11111 ARTIET 11111 INDIA 11111 11111 11111 11111
Seismic data acquisition services in	the oil and gas industry.	TU	MACCH BELOW.	<u> </u>	
Type of Business Organization		ITC	MSON REUTE	?S	
☑ corporation □	limited partnership, already fo		other (please spe		00067979
☐ business trust ☐	limited partnership, to be form	ned			08057373
		Month Year			
Actual or Estimated Date of Incorpor	ration or Organization:	_011980	✓ Actual	☐ Estimated	
Jurisdiction of Incorporation or Orga	_	J.S. Postal Service ab	breviation for State: DE		
	•	; FN for other foreign		DE	
		_	,		

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Requested: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply: ☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Webster, Steven A.				22
Business or Residence Address (Numb	er and Street, City, State, Zip	Code)		
1000 Louisiana, Suite 1200, Houston, Texas 7	7002			
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Ziegler, William R. Business or Residence Address (Numb	per and Street, City, State, Zip	Code)		
230 Park Avenue New York, Suite 1130, New		(000)		
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or
Check Box(es) that Apply. — Fromoter	La Belieficial Owner	L'Accultive Offices	ы виссия	Managing Partner
Fult Name (Last name first, if individual)				
Harte, Christopher M.				
Business or Residence Address (Numb	er and Street, City, State, Zip	Code)		
327 Congress Ave., Suite 350, Austin, Texas 7	8701			
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Pittman, Gary M.				
Business or Residence Address (Numb	per and Street, City, State, Zip	Code)		
8110 Georgetown Pike, McLean, Virginia 2210	02			
Check Box(es) that Apply: ☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Cabes, Robert L. Jr.				
Business or Residence Address (Numb	per and Street, City, State, Zip	Code)		
1000 Louisiana, Suite 1200, Houston, Texas 7		<u> </u>		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	□Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Strong, Christopher D.				
Business or Residence Address (Numb	per and Street, City, State, Zip	Code)		
4055 International Plaza, Suite 610, Ft. Worth,	Texas 76109			
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Miles, Richard F.				
Business or Residence Address (Numb	per and Street, City, State, Zip	Code)		
1500 CityWest Blvd., Suite 800, Houston, Tex	xas 77042			
Check Box(es) that Apply:	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
McCurdy, Scott A.	10. 0. 0.	(1)		
	per and Street, City, State, Zip	Code)		
1500 CityWest Blvd., Suite 800, Houston, Tex	as 77042			

Charle Boy(as) that Annie	(T) Description	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or
Check Box(es) that Apply:	O Promoter	C) Dettettetat Owner	El Executive Officer	D Director	Managing Partner
Full Name (Last name first,	if individual)		-		
White, James C.					
Business or Residence Addre	•	er and Street, City, State, Zip	Code)		
1500 CityWest Blvd., Suite t		•			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				- Transpire Farmer
Parker, Lee					
Business or Residence Addre	ess (Numbe	er and Street, City, State, Zip	Code)		
1500 CityWest Blvd., Suite t	800, Houston, Texa	s 77042			
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
Full Name (Last name first,	if individual)				Managing Partner
Avista Capital Partners GP, 1	-				
Business or Residence Addre		er and Street, City, State, Zip	Code)		
1000 Louisiana Street, Suite	1200, Houston, Te	xas 77002			
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
Eull Name (Last name first	(findinidual)				Managing Partner
Full Name (Last name first, i	•	C			
Dane Andreef c/o Andreef E Business or Residence Addre	<u> </u>	cr and Street, City, State, Zip	Code)		
450 Laurel Street, Suite 210:		· · ·			
Check Box(es) that Apply:		☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
					Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	es Numbe	er and Street, City, State, Zip	Code)		
Dustiless of Residence Additi	(1441104	or and succe, only, suite, sup	Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
					Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ecc (Numbe	er and Street, City, State, Zip	Code)		
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Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
					Managing Partner
Full Name (Last name first,	if individual)				
n ' n 'i 111	27. 1	10: . 0: 0: 7:	0.13		
Business or Residence Addre	ess (Numbe	er and Street, City, State, Zip	Code)		
Chaok Boy(as) that Australia	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or
Check Box(es) that Apply:	L FIGHIOGET	T Deneticial Owner	LI EXECUTIVE OTHER	L Director	Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Numbe	er and Street, City, State, Zip	Code)		
		5 - 6 1 1 6			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				wantaging ration
•					
Business or Residence Addre	ess (Numbe	er and Street, City, State, Zip	Code)		1.2.2.2
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
Full Name (Last name first,	if individual)				Managing Partner
(Amor amino and)					
Business or Residence Addre	ess (Numbe	er and Street, City, State, Zip	Code)		
	-	•			

	· · · · · · · · · · · · · · · · · · ·			В.	INFORMA	TION ABO	UT OFFER	ING				
1. Has the	issuer sold	, or does th	e issuer inte	nd to sell, to	non-accred	lited investo	rs in this off	ering?			YES	NO MO
	An	swer also ir	n Appendix,	Column 2, i	if filing und	er ULOE.						
2. What is	the minim	um investm	ent that will	be accepted	from any i	ndividual?	••••			******	\$6,260	0,000
											YES	NO
3. Does the	e offering p	ermit joint	ownership o	of a single u	nit?							\square
or sim is an a broker	ilar remune issociated p r or dealer.	eration for a person or ag If more that	solicitation of a bro	of purchaser ker or deale ersons to be	s in connect r registered	ion with sale with the SE	es of securit C and/or wit	ies in the of h a state or :	fering. If a p states, list th	y commission person to be the name of the a may set for	listed e	
Full Name None.	(Last name	first, if inc	lividual)									
Business or	r Residence	Address (Number and	Street, City	, State, Zip	Code)		-				
Name of A	ssociated E	Broker or D	ealer	.=.			 -					
States in W	hich Perso	n Listed Ha	as Solicited	or Intends to	Solicit Pur	chasers						
(Chec	k "All State	es" or check	c individual	States							. 🗆 All Sta	tes
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL] [MT]	(IN) (NE)	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]
[RI]	[SC]	[SD]	[אדן]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name	first, if inc	lividual)									
Business or	r Residence	e Address (Number and	Street, City	, State, Zip	Code)						
Name of A	ssociated E	Broker or D	ealer									
			as Solicited								. 🗆 All Sta	tes
`												
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
Full Name												
Business of	r Residence	e Address (Number and	Street, City	, State, Zip	Code)	, <u>, , , , , , , , , , , , , , , , , , </u>		-			
Name of A	ssociated E	Broker or D	ealer						1			
			as Solicited								. 🗆 All Sta	itec
(Chec	k "All Stat	es" or chec	k individual	States	***************************************							
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	(FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	(OH) [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
	[~ ~]	[22]				*	al copies o					_ ·

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND	USE OF PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$_30,000,000	\$ 30,000,000
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify)	s	S
	Total	\$30,000,000	\$ 30,000,000
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggragata
	Accredited Investors	Number Investors 2	Aggregate Dollar Amount of Purchases \$ 30,000,000
			\$ <u>50,000,000</u>
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)	\$	\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
isst	a. Furnish a statement of all expenses in connection with the issuance and distribution of securities in this offering. Exclude amounts relating solely to organization expenses of the uer. The information may be given as subject to future contingencies. If the amount of an penditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		s
	Legal Fees	Ø	\$50,000
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify): Fairness opinion (\$60,000); Closing Payment to Investors	Ø	\$660,000
	(\$600,000)	☑	\$710,000

	Question 1 and total expenses	n the aggregate offering price given in response to Part C- furnished in response to Part C - Question 4.a. This s proceeds to the issuer."		\$29,290,000
5.	be used for each of the purpose furnish an estimate and check t	ne adjusted gross proceeds to the issuer used or proposed to s shown. If the amount for any purpose is not known, the box to the left of the estimate. The total of the payments proceeds to the issuer set forth in response to Part C -		
			Payments to Officers, Directors, & Affiliates	Payments To Others
	Salaries and fees			□ \$
	Purchase of real estate		□ \$	□ \$
	Purchase, rental or leasing and	installation of machinery and equipment	□ \$	□ \$
	Construction or leasing of plan	t buildings and facilities	□ \$	□ \$
	this offering that may be used i	s (including the value of securities involved in n exchange for the assets or securities of another	□ \$	□ s
	Repayment of indebtedness		□ \$	□ \$
	Working capital		□ \$	☑ \$ 29,290,000
	Other (specify)		□ \$	□ \$
	Column Totals		□ \$	☑ \$ 29,290,000
	Total Payments Listed (column	totals added)	☑ 5	\$ <u>29,290,000</u>
		D. FEDERAL SIGNATURE		
signat	ure constitutes an undertaking by	to be signed by the undersigned duly authorized person. If the issuer to furnish to the U.S. Securities and Exchange Coany non-accredited investor pursuant to paragraph (b)(2) of F	mmission, upon written r	ule 505, the following request of its staff, the
	(Print or Type)	Signature James	Date 7/31 /05	,
	netics Inc (Print or Type)	Title (Print or Type)	1,7,10	
	•••	True (Fruit of Type)		
Scott .	A. McCurdy	Vice President and Chief Financial Officer		

١.	Is any party described in 17 CFR	es	No ☑					
		See Appendix, Column 5, for state response.						
2.	2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.							
3	The undersigned issuer hereby	undertakes to furnish to the state administrators, upon written request, information furnished by t	he iss	suer to offerces.				
4.	4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.							
	issuer has read this notification an orized person.	nd knows the contents to be true and has duly caused this notice to be signed on its behalf by th	e un	dersigned duly				
Issue	er (Print or Type)	Signature / AM/						
Geoi	kinetics Inc.	117/100						
Nam	e of Signer (Print or Type)	Title of Signer (Print of Type)						

Vice President and Chief Financial Officer

E. STATE SIGNATURE

${\it Instruction}:$

Scott A. McCurdy

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				APPE	NDIX	-					
l	Intend to sell to non- accredited investors in State (Part B-Item 1) Type of security and aggregate offering price offered in state (Part C - Item 1)				Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E- Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No		
Al											
AK							-				
ΑZ											
AR	•										
CA	•••			-							
со											
СТ											
DE											
DC											
FL											
GA											
ні											
ΙD											
IL											
IN											
IA											
KS											
KY											
LA											
ME											
MD											
МА											
MI											
MN											
MS											
мо											
МТ											
NE	-										

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	-			APPE	NDIX					
l	Intend to sel accredited in State (Part E	vestors in	3 Type of security and aggregate offering price offered in state (Part C - Item 1		4 Type of investor and amount purchased in State (Part C-Item 2)			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E- Item 1)		
				Number of Accredited		Number of Non- Accredited				
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No	
NV										
NH										
NJ										
NM										
NY										
NC										
ND										
ОН					<u> </u>			 		
OK										
OR									·-	
PA										
RI										
SC										
SD										
TN										
тх		1	Series B-2 Senior Convertible Preferred Stock (\$10.00 par value) and Warrants to Purchase Common Stock	2	\$30,000,000	0	0		1	
UT										
VT			-							
VA				<u> </u>		<u> </u>				
WA										
wv										
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WY								ur.	۳,	
PR					 			- A 11		
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